



To: Members of the General Assembly's Human Services Committee

From: Sheila B. Amdur, Interim President/CEO
Connecticut Community Providers Association

Re: H.B. 6367, An Act Implementing the Governor's Budget Recommendations for
Human Services Programs

Date: February 26, 2013

Good afternoon Senator Slossberg, Representative Abercrombie and other members of the Human Services committee. I am testifying for the CT Community Providers Association, which represents organizations providing community-based services for people with disabilities and significant challenges including children and adults with substance use disorders, mental illness, developmental, and physical disabilities.

I urge you to reject the Governor's proposal to eliminate the Behavioral Health Partnership Oversight Council (BHPOC). The General Assembly initiated the BHPOC in 2006 as part of a major effort to assure accountability and transparency for improving access to mental health and substance abuse services. The General Assembly wanted to assure we would not have the debacle previously experienced under managed care that almost wiped out behavioral health services and transferred huge liabilities to the state. Behavioral Health Partnership services are funded by both federal and state dollars totaling nearly \$1 billion annually. The Partnership serves more than 700,000 recipients. However, the expenses for the BHPOC itself are negligible. Our assumption is that the intent behind eliminating the Council is to prevent any transparency regarding rate setting, standards, or requirements regarding behavioral health services.

Thirteen (13) CCPA provider members currently sit on the Council, and many of them have served there since its inception five years ago. They can attest to its immense value as a uniquely representative body and a transparent, accountable resource for stakeholders committed to advancing Connecticut's public behavioral health system of care. Key responsibilities of the council which would be eliminated under the proposed budget include review of proposed contracts, performance of state programs, proposals for service rates, and consumer grievance procedures.

The work of this Council is recognized across the nation for its high level of transparency and accountability. It is comprised of a variety of stakeholders including state agency officials, providers, consumers, and representatives of the administrative services organization. It exists to influence policy and system change to improve access, quality, and cost-effectiveness of public behavioral health services. Connecticut's recovery oriented system of care and its system of care

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for children is the envy of many other states in part because of the important work of the BHPOC.

At this time when access to timely and effective behavioral health services has garnered considerable attention from lawmakers, we view the proposal to eliminate the BHPOC as regressive and shortsighted. This action would destroy Connecticut's longstanding commitment to people with mental illnesses and/or substance use disorders, one of society's most marginalized, disadvantaged, and stigmatized populations.

We have heard that the intent behind this proposal is to combine the BHPOC with the Council on Medical Assistance Program Oversight. For the decade prior to 2006, the Medicaid Council had a sub-committee for behavioral health. Top legislative and executive branch leaders recognized that creating the BHPOC was necessary to ensure attention was paid to a very complex and important area of health services that the sub-committee had not been able to adequately address. Their recognition is just as applicable today; parity for behavioral health services is being put at risk under this proposal. Mental health and substance use treatment has always been the stepchild of health care. They are the first services to be cut in times of major deficits, are reimbursed at much lower rates than the rest of the health care, yet people with chronic illnesses co-occurring with mental health and/or substance use needs are those with the highest cost of care.

At the Appropriations Committee public hearing this past Friday night, I testified about the DSS budget which proposes many significant changes to behavioral health policy and financing. Given the substantial changes being proposed in the DSS budget, the BHPOC's transparency and accountability is needed now more than ever before. Implementation of the Affordable Care Act will make approximately 50,000 more people eligible for Medicaid. Our state has not addressed the serious access issues that will occur with both the expansion of Medicaid and the addition of over 100,000 persons who will be able to access insurance from the Health Insurance Exchange. The influx of these new beneficiaries as well as millions of new federal dollars makes the feedback, planning and oversight of the BHPOC more important than ever.

The recent tragedy in Newtown was and continues to be a painful reminder that there must be an adequately supported and resourced community behavioral health system so that those who need treatment can access it. The Oversight Council plays a critical role in ensuring that the community behavioral health safety net exists, is well resourced, and responsive to those it serves. I respectfully urge you to reconsider the proposal to eliminate the BHPOC for all of the reasons I have discussed. Thank you and I am happy to answer any questions.